

# Gateways School-Age & Youth Development Credential

## Work & Practical Experience—Verification Form

Please complete this form to validate your work experience with school-age and youth ages 5 through 16.

### Step 1: Personal Information

Name: \_\_\_\_\_ Registry Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please indicate age groups served (Check all that apply):  5–8  9–12  13–16

Total hours worked with school-age and youth: \_\_\_\_\_  
(Hours Per Week x By Weeks Per Year x By Number Of Years)

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please indicate age groups served (Check all that apply):  5–8  9–12  13–16

Total hours worked with school-age and youth: \_\_\_\_\_  
(Hours Per Week x By Weeks Per Year x By Number Of Years)

### Step 2: School-Age and Youth Development Experience Verification

Please provide the names and contact information for two people that could verify your experience with school-age & youth ages 5 through 16. (Examples include: director, professional colleagues or families.) Please note: we may contact to verify.

Contact 1: Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Affiliation to applicant (*How is this contact knowledgeable about your experience in school-age and youth?*):  
\_\_\_\_\_

Contact 2: Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Affiliation to applicant (*How is this contact knowledgeable about your experience in school-age and youth?*):  
\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.